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ABSTRACT

This paper provides an annotated bibliography of various resources about adolescent suicide. The first section addresses facts and myths about adolescent suicide, followed by a presentation of causal factors in the second section. The third section focuses on the educator's role in suicide prevention; suicidal warning signs, interactions with the suicidal adolescent, and the use of death education in suicide prevention are considered. The fourth section outlines forms of treatment for the suicidal adolescent and/or the survivors of a suicide victim. The legal treatment of suicide by colleges, universities, and state laws are cited in the last section. Recommendations based on the conclusions of these papers are also outlined. (RC)

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ADOLESCENT SUICIDE
IN
THE UNITED STATES

BY

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INTRODUCTION

Résumé

Razors pain you;
Rivers are damp;
Acids stain you;
And drugs cause cramp.
Guns aren't lawful;
Nooses give;
Gas smells awful;
You might as well live.
(Satire from Aesop to Buchwald:348)

Dorothy Parker's poem dealt humorously with the drawbacks of the methods used to commit suicide. Despite these drawbacks, over 5,000 adolescents have killed themselves every year since the 1960s. An additional 100,000 have tried to kill themselves annually. Those adolescents who have contemplated suicide during a year's time number between 200,000 and 300,000. These figures have indicated that ten to fifteen percent of America's youth have considered or attempted suicide. Ten adolescents every day have attempted to take their lives. The suicide rate among the young has almost tripled in the last twenty years.(Shipp:B4)

Most experts have rated suicide as the second or third leading killer of teenagers in the United States, with accidents ranked as the first killer and homicide

in either second or third place.(Ogintz:1)

The increased rate of suicide and depression in teens has been a recent phenomenon. Many incidences of depression in college and high school students were reported in the 1960s. This depression in young people became a dangerous factor,since later in their lives they encountered frustration and took their lives because of their inability to handle it. (Lindsey:1D)

A great amount of people have asked why teens have taken their lives during such an affluent period in American history. Many external and internal factors have contributed to the teen suicide epidemic that has been recently experienced in the United States.

STATEMENT OF THE PROBLEM

Adolescent suicide has been ranked as the second or third leading cause of death among teenagers. Educators have needed to become aware of how the suicidal teen can be identified and dealt with. Educators can become a source of prevention of suicide among teens.

PURPOSE OF THE STUDY

The purpose of this study was to aid educators in identifying potentially suicidal adolescents and to have given educators a means of preventing adolescent suicide. The study also intended to acquaint educators with the facts and myths about teenage suicide. Educators cannot ignore other facets of their teaching roles.

LIMITS OF THE STUDY

The study is limited in its ability to succeed in preventing all adolescent suicides. Suicide has often been an impulsive act that required an individual be present at the right place and time in order to have prevented the suicide.

ORGANIZATION OF THE STUDY

The first section of the study has dealt with the facts and myths that surround adolescent suicide.

The second part has dealt with the factors causing adolescent suicide. Societal and familial factors have constituted most of this section. Other factors cited were placed under a miscellaneous heading.

The third section of the study has dealt with the educator's role in preventing adolescent suicide. This section has been divided into three areas: the warning signs emitted by the suicidal adolescent, how to interact with a suicidal adolescent, and the use of death education in the prevention of adolescent suicide.

The fourth section has dealt with the various forms of treatment for the suicidal adolescent and/or the survivors of a suicide victim.

The last area cited the legal treatment of suicide by colleges, universities and state laws. Entries in each section have been alphabetized under each subdivision.

DEFINITION OF TERMS

Adolescence -- "A general term signifying the developmental period that begins with pubescence and terminates with adulthood.Generally begins around the ages of eleven or twelve and terminates around the ages of 19 or 20" (Lefrancois:364).

Adolescent -- "One who is in the developmental period labeled adolescence. An individual undergoing major biological changes leading to sexual maturity. An individual in the transitional phase between childhood and adulthood" (Lefrancois:364).

Defense mechanism -- "A relatively irrational and sometimes unhealthy method employed by persons to compensate for their inability to satisfy their basic desires to overcome the anxiety accompanying this inability" (Lefrancois:368).

Depression --"A state of dejection accompanied by lowered sensitivity to certain stimuli with a reduction of physical and mental activity, and difficulty in thinking; an unwarranted condition of prolonged sadness or dejection" (Psychology Today:724).

Self-concept -- "The attitudes or opinions that an individual has of him/herself. Appears to be very closely related to psychological adjustment" (Lefrancois:380).

Suicide -- "The term 'suicide' is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim him/herself, which he/she knows will produce this result" (Durkheim:44).

Suicide attempt -- "An act falling short of actual death resulting directly or indirectly from a positive or negative act of the victim him/herself which he/she knows will produce this result"(Durkheim:44).

Taboo -- "Any conventional social restriction" (Webster:755).

Trauma -- "Literally means injury.As used by Freud,refers to intense anxiety resulting from highly unpleasant experiences;hence, nervous injury" (Lefrancois:382).

MYTHS AND FACTS ABOUT ADOLESCENT SUICIDE

Myths

Barter,J.T., "Adolescent Suicide Attempts," General Psychiatry 19:524-526, 1968.

Barter cited the following myths about suicide and the adolescent:

1. Once a person is suicidal,he/she is always suicidal
2. Suicidal people are insane.
3. Suicidal behavior is inherited.
4. Suicidal people want to die.
5. If a person talks about suicide,he/she will not try it.

Klagsbrun,Francine, Too Young to Die, Houghton Mifflin Company, Boston, 1976, 175 pp.

Klagsbrun dealt with the myths that have grown around topic of suicide. An accepted fallacy about suicide has been that if an individual talks about suicide, he/she will not attempt it. In reality, the verbal threats have been clues that the person needs help. Many people have thought that if a person has attempted suicide once, and was stopped, he/she will not attempt it again. This premise has been a false one. The first attempt has made the second time easier. People have believed that if a person has been depressed, and suddenly, he/she has become happy, the depression is gone. This idea has also been proven false. Often, a person will seem very calm just before he/she commits suicide,because he/she has made up his/her mind to go through with the suicide. Many people have felt that there was nothing one could do to stop someone from committing suicide,if his/her mind had been made up to do it. In reality, most people have had mixed emotions about dying.

Shipp,Randy, "Teenage Suicide:In Search of an Answer," Christian Science Monitor pp. B4 and B5,January 16,1979.

Shipp interviewed a sociologist,who talked about some of the myths about teen suicide. When a person talks to a suicidal youth, he/she should bring up the subject of suicide. It has been a myth that if a person has talked of suicide to a suicidal person, that person will go out and commit suicide. Most of the time the idea has been in the person's mind anyway. Many times a young person has been terrified, because he/she has been thinking about suicide. These teens have felt that if they even have had thoughts about suicide, they will automatically commit the act. Generally, this feeling has been made worse by avoidance of the topic. The sociologist stated that if a person talks to a youth about suicide, that youth will feel as though a great burden has been lifted from his/her shoulders.

Facts

McKenry,Patrick C., Tishler, Carl L., and Christman,Karen L., "Adolescent Suicide and the Classroom Teacher," Journal of School Health 50:130-132, March, 1980.

The authors cited several facts about adolescent suicide:

1. The spring and fall are the times of the year when adolescents mainly commit suicide.
2. Teens commit suicide between the hours of 3 p.m. and midnight.
3. Most teens commit suicide at home.
4. Friday and Monday are the days when most teens kill themselves.
5. April is the month with the highest rate of teen suicide. The two weeks of Christmas vacation have the second highest rate.
6. The percentage of suicides are higher in the under 24 married group than the nonmarried group.
7. More college students kill themselves than those who choose not to go to college. Suicide rates increase with the prestige of the college.

McNeeley, James D., Shafii, Mohammad, and Schwab, John J., "The Student Suicide Epidemic," Today's Education 66:71-73, September, 1977.

Several facts about teen suicide were presented as the following:

1. Most teens who succeed in killing themselves do so on the first attempt.
2. More girls attempt suicide than boys.
3. If a boy attempts suicide, the odds are that he will succeed, more often than a girl, in killing himself.
4. Both sexes of teens prefer death by drug overdoses.
5. Boys are more likely than girls to kill themselves by a violent method, such as guns, razors, or jumping off a building.

Seiden, Richard H., Suicide Among Youth, United States Government Printing Office, Washington D.C., 1964, 62 pp.

Seiden stated that the statistics that have indicated suicide as a leading cause of adolescent death may be misleading. Improved sanitation and the elimination of many infectious diseases have not left many causes for death among the adolescent age group. Seiden stated that adolescent suicide is still a major concern, because it causes traumatizing effects. He cited the leading cause of adolescent death as car accidents. Seiden said that the large number of adolescents killed in car accidents is suspicious, and that in reality, many may have been suicides.

Societal and Familial Factors

Califano, Joseph A., "Adolescents:Their Needs and Problems," Vital Speeches of the Day 647-650, August 15, 1978.

Califano spoke about adolescent problems. He dealt with the problem of teenage suicide. For every actual suicide, there are 100 attempted. He claimed that the mental health needs of the adolescent group are not being met. Many adolescents are depressed because American society has lengthened the period of adolescence. A huge gap of time exists between the period a person enters school to the time that a person enters the work force. Califano called adolescence a time of limbo. The adolescent is too old for toys, but too young for adult games. This suspended state has brought about depression in young people which leads to suicide. The adolescent feels worthless because he/she has not been given any responsibilities. Califano suggested that people in the mental health care areas find more effective ways of dealing with adolescents.

Durkheim, Emile, Suicide, MacMillan Publishing Company, New York, 1966, 405 pp.

Durkheim explained three types of suicide that have social causes. The first type cited was called the egoistic suicide that occurs when an individual has no ties to his/her society. The person is highly individualized. Durkheim claimed that if an individual has no religious or social ties to society, he/she has no reason to live. The second type of suicide he cited was the altruistic type. The individual believes he/she has a duty to kill him/herself. This type of suicide is manifested in those people,who are not highly individualized. The third type of suicide Durkheim cited was the anomic type. An anomic society is one in which chaos exists. When an individual is limited in what he/she can acquire by society, anomic suicide may occur.

Haim, Andre, Adolescent Suicide, International Universities Press, Inc., New York, 1970, 310 pp.

Haim examined the parents of suicidal adolescents. He found the fathers of the suicidal adolescents were weak, passive or absent from the home. The mothers of the suicidal girls were cold, rejecting and rigid in their treatment of their children. The mothers of the suicidal boys were often drinkers, angry, withdrawn, depressed and pushed their sons to assume the role of the father in the family. Often, the parents were too protective of their children and tried to keep their children from conflicts. The parents usually used their children to fulfill their own dreams.

Lee, Essie, "Suicide and Youth," Personnel and Guidance Journal 57:200-204, December, 1978.

Lee cited some of the factors that have led adolescents to commit suicide. First born females with young brothers often commit suicide, because they have learned to be highly competitive, anxious and submissive. Teens who have lost a love object, such as a parent or love interest commit suicide. Adolescents who were taught to feel shame and guilt by their families commit suicide. Teens who were made to feel like failures and were isolated from their families committed suicide, also. Many suicidal teens have been taught to make extreme commitments in relationships and depend heavily on the relationships. When these relationships dissolved, the teen felt as if he/she could not go on and committed suicide.

McAnarney, Elizabeth R., "Adolescent and Young Adult Suicide in the United States-A Reflection of Societal Unrest?" Adolescence 14:765-773, Winter, 1979.

McAnarney examined why the rate of adolescent suicide had increased in recent years. She claimed that when family ties are close, young suicide decreases. Since the nuclear family in the United States has been dissolving, suicide rates among the young are high. McAnarney believed that since many families in the United States are run by one parent, the adolescent has had trouble gaining an adult identity which is needed during adolescence. Also, lack of religious ties in the United States has occurred. This factor increases the suicide rate in the young. In countries where religion is strong, suicide rates are low. McAnarney also cited the fact that American families are much more mobile now than in the past. A lack of stability and roots cause teen suicide rates to soar.

Naglin, Nancy, "Warning Signs of Teenage Suicide," Family Weekly November 27, 1977.

Naglin claimed that the teenage group most likely to commit suicide is the 15-17 years old group. At this age, many teens become isolated from family and friends. Often, the teen is in a state of mourning over his/her fading childhood. Teens are in a state of loss. These teens have resorted to suicide, because it is their only defense against a painful existence. These teens will work without pleasure to keep from thinking about suicide. They will frequently isolate themselves in their rooms and listen to plaintive songs.

Philips,David, "Adolescent Suicide," Current Lifestudies 2:4-13, March, 1979.

Philips stated that the parents of teenagers and the teenagers are both going through major role changes that are extremely difficult to adjust to. The teens are facing adulthood,and the parents face the end of their child-raising years. More teens commit suicide than their parents, because they are more action- oriented. Teenagers have poor impulse control. The teen has a tendency to not think of the consequences of his/her actions. Teens are alsc more easily influenced by the actions of others. Philips stated that certain studies have shown that when a famous person has died through suicide, many teens have committed suicide,also.

Rosencrantz, Arthur L., "A Note on Adolescent Suicide: Incidence, Dynamics and Some Suggestions for Treatment," Adolescence 13:209-213, Summer, 1978.

Rosencrantz discussed some common factors that have led to adolescent suicide. He claimed that adolescents need good relationships with both parents in order to form their sexual identities. Since American culture has been shifting toward a blurring of the sex roles, many adolescents have not been able to shape their much needed sexual identities. Also, adolescents need to become independent of their parents. If the parents are unwilling to allow the break, the adolescent may become suicidal. Many adolescents who have committed suicide came from homes where they received the message that they were a burden on the parents. Feelings of worthlesssness permeated these teens' lives.

Seiden, Richard H., "We're Driving Young Blacks to Suicide," Psychology Today 4:24-36, August, 1979.

Seiden stated that in the last fifteen years suicide among young,black males has risen to epidemic proportions. Seiden cited two explanations. First of all, young,black males that die through homicide are,in actuality, dying , because they have precipitated their own deaths. Secondly, some of the militant black revolutionaries, such as the Black Panthers, are committing suicide through masculine rages. Their angry outbursts are often met with by death. Instead of passively committing suicide, these blacks have actively promoted their own deaths. Seiden believed that American society has driven the blacks to suicide by denying them jobs and denying them fathers through strict welfare requirements.

Teicher, Joseph, "Portrait of a Teenage Suicide," Science News 102:42-43, December 30, 1972.

Teicher found that five years before a young suicide took place, several factors presented themselves.The adolescent had encountered personal, medical, social and family difficulties. Changing schools, money problems, and/or other siblings leaving the family home may have caused the suicide. Money was an important factor in the suicide. Most of the adolescents that committed suicide came from families that had an annual income of $3,600 or less. Many times the suicide was not prevented because the youth had alienated all the people that could have helped him/her through moodiness, despair and rebelliousness.

Wenz, Friedrich V., "Self-Injury Behavior, Economic Status and the Family Anomie Syndrome Among Adolescents," Adolescence 14:387-397, Summer, 1979.

Wenz found that many low-income families produced suicidal adolescents. The families were also normless which means that they were disoriented from societal norms. The families that were normless lacked organized systems of functioning. The parents presented a conflicting model of behavior from that of society's to their children. The adolescents in these types of families were not taught the morals and values of the society in which they lived. These family anomies were characterized by feelings of powerlessness that were passed on to the children. The adolescents of these families felt that they had no control over their lives and no norms to direct their lives with.

Wenz, Friedrich V., "Sociological Correlates of Alienation Among Adolescent Suicide Attempts," Adolescence 14:18-29, Spring, 1979.

Wenz stated that adolescent suicide is caused mainly by alienation. Wenz examined what factors cause alienation in the young. The study looked at the social factors that led to alienation and, eventually, to suicide. Wenz found that adolescents who attempted suicide were not in social contact with their peers; they came from broken homes; they had broken romances; they communicated poorly with their parents; they often had to deal with step-parents; and they had poor school records. Wenz discovered that adolescence is a period of alienation. If that alienation is compounded by other types of alienation, suicide may occur.

Wynne, Edward A., "Behind the Discipline Problem:Youth Suicide as a Measure of Alienation," Phi Delta Kappan 59:307-315, January, 1978.

Wynne discovered that today's high suicide rate among the young is due to alienation. Through various studies, Wynne discovered that today's students are more withdrawn than those students of 1948. Most students do not care to attend large parties or to socialize a great deal. Wynne believed that the increased number of illegitimate births among the young, and the increased venereal disease rate are indications that young people do not even care about one another. Wynne blamed modern schools for alienating young people from one another. He claimed that the segregation of grades from one another alienates students from one another. Wynne also blamed increased technology for young people's alienation from society. He stated that society has tried to keep young people from joining the work force. Young people are not socially integrated which increases their loneliness and alienation.

Miscellaneous Factors

Kenny, Thomas J., and others, "Visual-Motor Problems of Adolescents Who Attempt Suicide," Perceptual and Motor Skills 48:599-602, March 8, 1979.

The Bender-Gestalt Test was administered to a group of adolescents who had attempted suicide, and to a group who had not. This test revealed that the suicidal group had more learning disabilities than the control group. The suicidal teens came mainly from broken homes and had failed at least one grade. Most of the teens of this group had failed miserably in most of their school subjects which led them to have a poor self-concept. The findings indicated that most suicidal teens have unrecognized learning disabilities which lead to their frustrations at home and in school.

Ogintz,Eileen, "Suicide:Number 3 Killer of Teens," The Chicago Tribune June 18, 1978, p.1.

Ogintz cited many cases of teen suicide in the article. A psychiatrist that Ogintz interviewed stated that many times a suicidal teen has been very depressed befor he/she committed suicide. Most of the adolescent's friends and relatives believed that the depression would pass,but they were proven wrong. The psychiatrist told Ogintz that a suicidal teen will often be an undiagnosed manic-depressive case. This state is caused by a chemical imbalance in the brain,and it is characterized by drastic mood swings. The sad part of an undiagnosed manic-depressive is that this state can be treated by the use of such drugs as lithium. Many teens could have been prevented from committing suicide, if their state had been diagnosed.

Reisfeld, Jon, "Suicide Ends Four Young Lives," Baltimore Magazine 1:47-54, June, 1980.

Reisfeld examined the lives of four young suicide victims through interviews with the families and friends of the victims. Reisfeld also gathered information about young suicide through interviews with specialists in the field. All of the victims were highly intelligent pepple, who were sensitive and suffered from clinical depression. The parents of the victims had felt that the depression would pass. The psychiatrists stated that severe depression in adolescents is often preceded by a pattern called the"three H's": haplessness, hopelessness, and helplessness. One of the suicide victims had been a member of a religious cult and had felt guilty about leaving the group. Another victim had experienced the death of his father through suicide a year before he killed himself. Experts said that a person is nine times more likely to commit suicide, if he/she comes from a family with a prior suicide.

Schuyler, Dean, "When Was the Last Time You Took A Suicidal Child to Lunch?" The Journal of School Health 43: 504-506, October, 1973.

Generally, suicidal behavior in an adolescent has two motivations. The first was called "death-seeking" by the author. This is an attempt, by the adolescent, to escape an intolerable life situation. The situation could be a broken romance, a bad home-life, an unwanted pregnancy or physical pain. This type of behavior is manifested in the following ways: the adolescent has tried to provoke someone to kill him/her, the adolescent became sexually promiscuous, or he/she has gotten involved in delinquent behavior. The second motivation in adolescent suicides was called the"instrumental type." The adolescent attempts to manipulate someone's behavior by a suicide attempt. The adolescent feels that a person,who has left him or her will return through this act.

THE EDUCATOR'S ROLE IN PREVENTING SUICIDE

The Warning Signs Emitted by the Suicidal Adolescent

Kiev, Ari, "Prognostic Factors in Attempted Suicide," The American Journal of Psychiatry 131:987-990, September, 1974.

The study emphasized that three factors were significant in foretelling whether a suicide attempter would recover or go on to commit another suicidal act. If an adolescent lacked interpersonal conflict, the adolescent would either go on to commit suicide, or he/she would recover. The patients who died by committing a subsequent suicidal act, were those who had used a social setting for the act that was close to help. These people also used a method of suicide that was reversible. Therefore, every suicide attempt should be taken seriously. Those who were most distressed about their suicidal symptoms recovered with treatment. Those who expressed no concern about their suicidal thoughts and actions ended up taking their lives in another suicidal act.

McNeeley, J. D., "Student Suicide Epidemic," Today's Education 66:72-73, February, 1977. 18

McNeeley made a list of behavioral changes that indicate a student is contemplating suicide.The changes are as follows:

1. An outgoing student becomes quiet, withdrawn, and hostile.
2. A hostile student becomes overly ingratiating to teachers and peers.
3. A quiet student becomes active, restless, or a clown to mask underlying depression.
4. A student becomes preoccupied with ideas and thoughts of death. The student will make comments such as, "I would like to sleep forever and never get up," or, "I don't care what happens. I won't be around to find out anyways."

Mark, Phillip A., and Haller, Deborah L., "Now I Lay Me Down For Keeps;A Study of Adolescent Suicide Attempts," Journal of Clinical Psychology 33: 390-399, April, 1977.

This study gave a description of the personality traits possessed by the suicidal adolescent. Generally, both sexes displayed depression and an emotional disturbance. These adolescents were frustrated and had taken their punishment internally. The suicidal boys were perfectionists, nervous and often had physical handicaps. The suicidal boys often had stomach problems. They did not have male friends and identified closely with older girls. Suicidal girls were resentful, tearful and lacked basic defense mechanisms. They had difficulty in school and usually dropped out when they became adolescents. They experienced frequent nightmares and were unable to make friends. They had cold feelings for their parents.

Marshall, C. H., "Teenage suicide," Senior Scholastic 110:49-50, April 20, 1978.

Suicide attempts have been usually preceded by a depressed state. The following are symptoms of depression:

1. Feelings of loneliness
2. Self-deprecating attitude
3. Loss of appetite
4. Loss of weight
5. Lack of interest in personal appearance
6. Periods of solitude
7. Changes in sleeping patterns
8. Lack of interest in the opposite sex
9. Sexual promiscuity
10. Imagined ills

Russell, Robert D., and Purdy, Candace O., Coping with Death and Dying, Scott Foresman and Company, Glenview, 1980, 60 pp.

Russell and Purdie cited the following as signs that an adolescent is contemplating suicide:

1. Withdrawal from social contacts
2. Loss of interest in things that were important to the individual
3. Deep depression that disables the individual
4. Aggressive and attention-getting behavior
5. Direct or indirect statements about being dead
6. Giving away prized possessions
7. Changes in sleep cycle
8. Taking drugs
9. Previous suicide attempts

Smith, Donald F., "Adolescent Suicide:A Problem for Teachers?" Phi Delta Kappan 57:539-542, April, 1976.

Smith gave a list of warning signs a teacher can recognize in a suicidal adolescent. They are the following:

1. A dramatic shift in the quality of the person's schoolwork
2. Social behavior changes such as, excessive use of drugs or alcohol
3. Changes in daily life such as, overly fatigued and unable to concentrate
4. Signs of mental illness such as, delusions
5. Truancy
6. A severe reaction to rejection
7. An overwhelming sense of guilt or shame
8. A distress signal given off such as, a verbal call for help.

Thurber, Steven, and Torbet, David P., "On the Word Preferences of Suicidal Versus Nonsuicidal College Students," Journal of Consulting and Clinical Psychology 46:362-363, April, 1978.

The study was intended to differentiate between suicidal and nonsuicidal students based on their word preferences. Six words that usually evoke an aggressive-submissive reaction from the suicidal subjects were sprinkled throughout the word groups. The words were "murder," "kill," "attack," "submit," "suicide," and "martyr." Those students who had attempted suicide invariably chose the above words which indicated that by using a word preference test, suicidal individuals can be identified. Most suicidal persons have hostility that has been turned inward. The words chosen to indicate whether a person was suicidal denote inward aggression.

How to Interact with a Suicidal Adolescent

Abbott, Mary Lu, "The Traumatic Years," Houston Chronicle April 4, 1978, pp. 4-5.

Abbott interviewed a junior high counselor, who claimed that a student's entry into junior or senior high school can be so traumatic that it could lead to suicide. The counselor gave teachers some tips for dealing with the adolescent. Teachers should praise students verbally or by touching them . The teacher should tell students about his/her own problems with teachers and peers when he/she was in school. The teacher should listen to students' opinions without disagreeing with them. A teacher should not refer to the accomplishments of the student's siblings. Students feel rejected when a teacher focuses on a brother or sister. A teacher should investigate any sudden changes in attitudes, grades or emotional states of a student.

Hart, Nancy Ann, "How Teachers Can Help Suicidal Adolescents," The Clearing House 51:369-373, April, 1978.

The following were cited by Hart as ways teachers can deal with a suicidal adolescent:

1. Allow the student to vent his/her feelings. Listen to the plan of suicide. Often, this airing of the idea will prevent its occurence.
2. Try to motivate the student to utilize a coping mechanism. If the youth has lost a loved one, urge him/her to reopen his/her social world.
3. Encourage the adolescent to intellectualize the problem.
4. Bring the student to the point of planning out his/her future in realistic terms.
5. Never preach to a suicidal youth. This will put a barrier between the student and the teacher.

Hatch, Eric J., and Guerney, Bernard, "A Pupil Relationship Enhancement Program," The Personnel and Guidance Journal 54:103-105, October, 1975.

The article dealt with a program that developed skills in dealing with people. The program could be useful in dealing with a suicidal adolescent. Three behavioral modes were taught in the program. The first was the expressive mode. This mode taught the individual how to talk about subjects that are personal. The expresser was to talk in terms of feelings and not in objective statements. The second mode taught was the empathic mode. This role required the person to respond to a speaker's messages without being judgmental. The empathic mode required the person to only reflect what the speaker said and not to ask questions. The third mode was the facilitator mode. While one exchange was going on, the facilitators were to listen and write down responses they would have made. This mode reinforced the other two modes.

Motto, Jerome A., "Recognition, Evaluation, and Management of Persons at Risk for Suicide," Personnel and Guidance Journal 56: 537-543, May, 1979.

Motto gave guidelines for working with suicidal adolescents. This age group is the hardest to counsel, because a bond between the counselor and the teen can easily be broken. Knowledge of the adolescent period can be valuable. The adolescent believes in the present and will act impulsively. Death is still a romantic notion gilded with immortality to the adolescent. The counselor must listen to the teen and be trusted by the teen. It is essential that the counselor builds a meaningful relationship with the lonely adolescent. The counselor must be prepared to be an outlet upon which the teen vents his/her wrath. The teen is often in a struggle with independence and dependence. The counselor must be available at all times for the adolescent to speak to.

Powers, Douglas, "The Teacher and the Adolescent Suicide Threat," The Journal of School Health 49:561-564, December, 1979.

Powers examined the ways a teacher should deal with a suicidal youth,or with an adolescent suicide. If a student suicide attempt was successful, the teachers of the school should offer help to the victim's classmates. If a teacher is aware that a student has attempted suicide, the teacher should offer help to this student in plausible ways. If a teacher hears a student threaten to take his/her life, the teacher should not assume the threat is an idle one. Powers stated that the teacher should respond to the threat in the following ways: listen to the student, discuss the suicidal feelings the student has,and, finally, the teacher should rely upon his/her own judgment as to whether the student's parents should be notified of the threat.

Death Education as a Preventative of Adolescent Suicide

Bailis, Lawrence A., and Kennedy, William R.,"Effects of a Death Education Program upon Secondary Students," Journal of Educational Research 71:63-66, November/December, 1977.

The study was conducted to find out whether the students of a secondary school were less or more afraid of death after completing a death education course. The study's results showed that the students were more afraid of their own death after such a course was undergone. The authors of the article claimed that the students moved through one step of a process that is composed of three steps. The first step should have been used to introduce students to death-related activities. This step brings about an increase of anxieties about death, which should produce defense mechanisms that reduce anxiety. The second stage should be when the students examine their defense mechanisms which should result in the students stripping away those mechanisms. The third stage should occur when the students examine their anxieties about death and surmount them.

Berg, David W., and Daugherty, George C., "Teaching About Death," Today's Education 62:46-47, March, 1973.

The authors stated that teaching students about death prepares them for a realistic part of life. The topic of death is universal, inherently interesting and highly relevant to all students. The authors found little material on the topic of death directed at the secondary student. Teaching students about death may prevent them from taking their own lives, because death can be dealt with in a realistic fashion, whereas, death has been glamorized on television. Death education has been a taboo area until recently. The topic could have saved young lives, if it had been dealt with in the schools before this time.

Rosenthal, Nina Ribak, "Death Education:Help or Hurt?" The Clearing House 53:224-226, January, 1980.

Rosenthal insisted that death education has not been harmful to students. In fact, it may have prevented suicides among the young. Studies have proven that high school students have experienced increased fears about death after they have undergone such a unit. Television and other media have romanticized death. Adolescents are led to believe that death is a glamorous experience. Death units that have been taught in the schools show the realities of death by teaching about what happens in a funeral parlor and at a burial site. Rosenthal suggested that before a teacher attempts to teach a death unit, he/she should deal with his/her own feelings about the subject.

Yarber, William L., "Death Education:A Living Issue," The Science Teacher 43:21-23, October, 1976.

Yarber stated that a person can only live life to its fullest only if he/she can come to terms with death. Yarber suggested a number of topics that could be dealt with in a death education unit. One of the topics he suggested was suicide. The author then mentioned guest speakers such as, psychiatrists and psychologists who could talk about the various aspects of suicide. The teacher could also use role-playing in the classroom. The students could act out situations that deal with death, such as a friend who is contemplating suicide. The teacher could also use values clarification activities that deal with the students' feelings about suicide.

TREATMENT FOR THE SUICIDAL ADOLESCENT

Braucht, G. Nicholas, "Interactional Analysis of Suicidal Behavior," Journal of Consulting and Clinical Psychology 47:653-669, August, 1979.

The study indicated that the usual treatment for a suicidal individual has been limited in scope. One treatment that was cited dealt only with the environment of the suicidal person. This treatment has been justified by the reasoning that if an individual has been in an environment that has not been relevant to that person, the person may commit suicide. Another treatment that was cited dealt only with the individual's personal characteristics. The reasoning behind this treatment has been that the environment of the person has not mattered, because he/she would have attempted suicide regardless of his/her surroundings. The suicide attempt was regarded as a response to personal problems. According to Braucht, treatment of a suicidal person should have taken both environmental and personal factors into consideration.

Holmes,Cooper B., and Howard, Michael E., "Recognition of Suicide Lethality Factors by Physicians,Mental Health Professionals, Ministers, and College Students," Journal of Consulting and Clinical Psychology 48:383-387, June, 1980.

Holmes and Howard stated that since many people, including teachers, may find themselves in the position of referring a potentially suicidal person to someone, they should know who can successfully recognize warning signals given off by suicidal people. The Suicide Potential Rating Scale was administered to various groups of people. These people were to check those factors they felt were signs of a potentially suicidal person. Physicians and psychiatrists recognized the suicidal signs the best out of the group. Psychologists came in second. Social workers ranked third, and ministers recognized suicidal signs no more often than the college students did.

Renshaw,Domeena C., "Suicide and Depression in Children," The Journal of School Health 44:487-489, November, 1974.

Often, after a suicide attempt has been made by a teenager, the use of tranquilizers to sedate the youth was not possible, because these drugs sometimes do not have an effect upon an individual until he/she becomes sixteen. If a tranquilizer is prescribed by the youth's doctor, parents and teachers should keep the prescription out of the youth's hands, because the youth may attempt to commit suicide by ingesting the pills. If the home environment has been destructive , the doctor will take the youth to a hospital to recover from the suicide attempt. The teachers of the suicidal adolescent should help to devise a network of people, who will help the youth get through troubled times and prevent another suicide attempt by the youth.

TREATMENT FOR THE SURVIVORS OF AN ADOLESCENT SUICIDE

Klagsbrun,Francine, "Preventing Teenage Suicide," Family Health 9:21-24, April, 1977.

Klagsbrun cited an example of how students in a junior high or high school can be treated after they have experienced the death of a classmate through suicide. In one city, a psychiatrist had shown unretouched slides of suicide victims to a group of junior high students. The psychiatrist, after he had shown the slides, discussed the realities of suicide with the students. The students responded by airing their feelings about suicide. Klagsbrun stated that it is important to prevent more suicides from occurring in a school once one has occurred. Often, one suicide in a dormitory or school has precipitated an epidemic of suicides in the same dormitory or school.

Winickoff, Susan A., and Resnik, Harvey L., "Student Suicide," Today's Education 60:30-32, April,1971.

Winickoff and Resnik stated that when a student has committed suicide, there should be treatment provided for the survivors of the victim. This process was called "postvention" by the authors. An open meeting, located at the school of the suicide victim, should be the place where students can express their feelings of loss, guilt and bewilderment. This meeting will help the students come to terms with the death of their peer. The school psychologist should be called in to lead and guide the meeting. Winickoff and Resnik stated that all schools should institute a policy that deals with the suicide of a student. If possible, a note should be put in the cumulative record of a student, who has lost a family member through suicide, in order that the teachers of the student could assist the student in dealing with the death.

LEGAL TREATMENT OF SUICIDE ATTEMPTERS

Bernard, M.L., and Bernard, J.L., "Institutional Responses to the Suicidal Student:Ethical and Legal Ramifications," Journal of College Student Personnel 21:109-113, March, 1980.

The study examined the legal ramifications that occur when universities and colleges decide not to admit an individual, who has attempted suicide, or to dismiss an individual, who has attempted suicide. The researchers believed that a suicidal person needs the opportunity of doing well in college, even though the possibility exists that the person may react badly to the stresses of academic life. According to Bernard and Bernard, a suicidal person belongs under the category of "handicapped"; therefore, these individuals are protected by law against discrimination. A university or college that violates such a law, could face having federal monies revoked. Bernard and Bernard stated that it would not only be unethical to dismiss or not admit a suicidal person from or into a college or university, but it would also be illegal.

Shneidman, Edwin S., and Farberow, Norman L., Clues to Suicide, McGraw-Hill Book Company, Inc., New York, 1957, 227 pp.

The authors stated that in the United States only a very few states have made suicide a crime. In these states, prosecution is rarely used with a suicide attempter. The authors of this book believed that the law should not have the power to tell someone that he/she must live. They felt that people have very few rights as it is,and that the right to say whether one can choose to live or die, should be left up to the individual.

Research overturned many facts and myths about adolescent suicide. Seiden stated that suicide statistics related to adolescents were misleading, because many of the diseases that used to threaten the lives of adolescents have been eliminated through advanced medical research. McNeeley, Shafii and Schwab cited the different methods used by both genders of adolescents to commit suicide. McKenry, Tishler and Christman spoke of the seasonal, monthly, daily and time periods that contained the highest suicide rates among the young. Shipp and Klagsbrun spoke of the damaging myths surrounding suicide. These false ideas held about suicide have caused many adolescent deaths that could have been prevented.

Research indicated that many factors have caused adolescent suicide. The two major causes were societal and familial components. Wenz and Wynne stated that alienation from societal groups has caused increased adolescent suicide rates. Seiden reported an increased young black male suicide rate due to society's lack of concern to socially integrate these people. McAnarney blamed the dissolution of the nuclear family for the increased adolescent suicide rate. Wenz and Durkheim viewed the family, that did not reflect societal norms, as a major cause of youth suicide.

Miscellaneous agents that contributed to adolescent suicide were researched. Kenny found that many adolescents,

who had attempted suicide, had undiagnosed visual-motor coordination problems that led to insurmountable frustrations at home and at school. Reisfeld and Ogintz discovered that many young victims of suicide had suffered from severe depression that had gone untreated.

Smith, McNeeley, Marshall and Russell gave lists of symptomatic behavior displayed by suicidal students that a classroom teacher could recognize. Marks and Haller cited characteristics of suicidal adolescents generally shown through their personalities. Kiev mentioned clues that predicted whether a suicide attempter would go on to kill him/herself or recover fully.

Research dealt with the ways a teacher should talk to a suicidal student. Hart and Motto spoke of guidelines for interacting with the suicidal youth. Abbott reported the ways a teacher can be positive or negative with students throught verbal and physical messages. Hatch and Guerney gave details about a program called the Pupil Enhancement Program. The program dealt with the most effective ways of behaving when interacting with an adolescent.

Much research has been done about the advantages and disadvantages of death education. Berg, Daugherty and Rosenthal gave evidence that death education can prevent teenage suicide. According to these researchers, television has given the youth of today a romanticized picture of death. Death education has provided the real truths about

death, and in doing so, it had made the young afraid of killing themselves. 31

Many researchers were concerned with the treatment provided for the survivors who had contact with a suicide victim. Winickoff and Resnik, along with Klagsbrun suggested a meeting at school for the classmates and teachers of an adolescent who committed suicide. At the meeting a discussion about the feelings these people had regarding death and the loss felt through death could be aired.

Some researchers investigated the legal aspects of suicide. According to Shneidman and Farberow, many states in the United States have not treated suicide as a crime. Rarely has a suicide attempter been prosecuted in a court of law. Bernard and Bernard were concerned with the fact that many colleges and universities have been breaking the law by dismissing suicidal students.

CONCLUSIONS

It was concluded by such authors as Califano, Wynne, Seiden and Durkheim that adolescents commit suicide mainly because of the alienation they experience from society. American society has extended the period of adolescence for economic reasons. Adolescents are not integrated into society. The adolescent feels unneeded and unwanted by society. A place in society gives the individual a sense of worth and a reason to live. Without any ties to the society in which one lives, there remains no reason to exist. It was concluded by McAnarney and Wenz that many of the families of suicidal teens were normless. The families did not reflect the norms of society. The suicidal adolescents in these families were not taught the values and morals practiced by society. The alienation of the adolescent then became twofold. The alienated adolescent was trapped within an alienated family.

It was determined by McNeeley, Smith and Russell that many common symptoms are displayed by suicidal adolescents. The researchers concluded that classroom teachers can be invaluable in recognizing and gaining aid for the suicidal adolescent, if teachers will take the time to familiarize themselves with the behavior of suicidal adolescents.

Through the research of Holmes and Howard, it was concluded that the best people to send suicidal adolescents

to are psychiatrists and psychologists, on the basis of this group's high scoring on a Suicide Potential Rating Scale. It was also determined, on the basis of this test, that ministers should not be consulted when a suicidal adolescent must be dealt with.

Hart, Hatch, Motto and Abbott concluded that the main behaviors teachers should use when they are dealing with suicidal students are the ability to get the students to talk about the problem, being able to be good listeners and remaining nonjudgmental.

It was concluded by Bailis and Kennedy that most death education programs used with secondary students produced great fear about their own deaths. Bailis and Kennedy further concluded that the programs should not be used unless the educators have made sure that the programs will move the students beyond their fears.

Rosenthal disagreed with Bailis and Kennedy by concluding that the increased fears about death in the students was beneficial, because the students would be less prone to commit suicide.

Braucht concluded that the treatment of a suicidal individual should include improvement of the person's environment and psychotherapy. Braucht found that most treatment included either one factor or the other, when in actuality, both factors figure into a person's suicidal tendencies.

Winickoff and Resnik concluded that members of a [34] family unit or peer group who have experienced the suicide of another member, should undergo treatment. Often a survivor who knew the suicide victim ends up committing suicide also.

Bernard and Bernard concluded that when a university or college dismisses or does not admit a suicidal person that institution has broken the law. Suicidal people's rights are protected by the law that states that handicapped individuals cannot be discriminated against.

RECOMMENDATIONS

It is recommended that:

1) Teachers incorporate death education programs in their curriculum. There are several things a teacher should do before teaching a death education unit. Teachers need to be aware of their own attitudes, beliefs and feelings about death. Teachers need to know their reactions to and feelings about various death situations. Teachers also need to have factual knowledge about such areas as suicide, funeral parlors and euthanasia. Finally, teachers must be proficient in communication skills. They must be able to listen to and discuss with the students the subject of death.

2) Teachers possess the ability to recognize potentially suicidal students in their classrooms by examining research and case studies on the subject.

3) Teachers recognize that their job is not finished once they have identified a suicidal adolescent. The teacher should go to the school counselor or a trusted colleague and air his/her feelings about the student. The teacher must then come to grips with his/her feelings and values related to suicide. The teacher should not deny or suppress these feelings. These feelings may interfere with the teacher's ability to deal with a suicidal teen. The teacher

must be aware that denial on the part of parents, relatives, friends and others will exist. Obvious clues about the teen's suicidal tendencies will be concealed by these individuals because of the shame and guilt associated with suicide. Teachers must believe that they are in the best position to notice behavioral changes and to act on these observations. Teachers may be among the very first people to take action in combatting the suicidal teen's problems. 36

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